



Development and Resource Management Department

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Jennifer K. Clark, AICP, Director

MOBILE VENDOR OFF-STREET ZONE CLEARANCE

- ☐ **Type 1:** A mobile vendor who plans to operate on a single site less than 4 hours a day and typically visits multiple sites throughout the day.
- ☐ **Type 2:** A mobile vendor who plans to operate on a single site more than 4 hours a day and plans to only operate on 1-2 sites throughout the life of the business (excluding special events). This type of vendor typically operates on the same site all day (12 hours max), every day.

Business Name: _____

Mailing Address: _____

Owner / Manager Name _____ Owner/Manager Cell # _____

Description of Business (where vendor typically operates, type of vehicle (motorized or non-motorized) operated; type of food or merchandise sold, the hours and days of business activity):

Additional Conditions (for staff): _____

As the owner/manager of this business, I acknowledge the following: I understand and **have received a copy** of the mobile vendor requirements and restrictions contained in **Section 15-2741** of the Development Code; Health Department approvals may be required; business must apply for a City tax certificate & pay taxes to legally operate in the City of Fresno. I also understand that I must obtain written permission from the property owner of every site that I will operate at and that I may be required to provide this written permission at any time. I also understand that failure to comply with the requirements contained in Section 15-2741 may result in revocation of the mobile vendor permit.

Signature of Business Owner / Manager

Date

For Type 2 Mobile Vendors

Property Address: _____

☐ Site plan or plot plan submitted verifying that location is appropriate for proposed use.

Please note that catering trucks (businesses that supply food and/or beverages at an event or location and is paid by the event organizer or other person for the food service and where the individual diners do not pay the business directly for the food when they are served) are not considered mobile vendors.

Zoning Stamp

BOXES BELOW ARE FOR CITY STAFF TO COMPLETE

Business Tax Staff Initials _____
Certificate No. _____
PZ No. _____ Fee _____